

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 06/19/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 06/22/2006							
		FINANCIAL PAYER: NCDMM							

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	120	DUPLICATE OF CLAIM-SYSTEM	45	505	11326	10821
		191	76	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8505	14659	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1951	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	217	18598	25068	6470
		79	429	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	8505	3233	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1471	DUPLICATE OF CLAIM-SYSTEM	21	8281	16994	8713
		8599	1402	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	4618	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	933	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	6877	7826	949
		8599	663	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	21	936	DUPLICATE OF CLAIM-SYSTEM				
		11	678	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	2726	8440	5714
		8599	599	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	4777	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	814	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	180	7316	11206	3890
		8800	558	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	3404	3831	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		11	1909	CLIENT NOT ELIGIBLE ON SERVICE DATE	730	11101	13641	2540
		21	1460	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	1174	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	1368	3233	1865
		11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	496	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	496	496	0
3404931	WAKE CO HUM SVC BILLING OF	8505	1448	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1005	DUPLICATE OF CLAIM-SYSTEM	22	3302	6631	3329
		11	623	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8534	2478	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	1725	DUPLICATE OF CLAIM-SYSTEM	180	6601	9882	3281
		8537	715	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404934	ONSLow CARTERET BEHAV HEAL	8599	1426	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	339	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	135	3791	8355	4564
		21	327	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	19	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	6	DUPLICATE OF CLAIM-SYSTEM	2	43	983	940
		8800	6	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH	21	97	DUPLICATE OF CLAIM-SYSTEM				
	MVTL HLTH C							
		79	35	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	163	2173	2010
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	63	DUPLICATE OF CLAIM-SYSTEM	0	261	4854	4593
		7001	13	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	PITT CO MH/DD/S AS CENTER	21	20966	DUPLICATE OF CLAIM-SYSTEM				
		8599	1258	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	49	27968	40196	12228
		143	1235	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8536	107	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		191	92	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	295	2409	2114
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	553	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	78	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	124	753	2822	2068
		8935	42	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	8959	DUPLICATE OF CLAIM-SYSTEM				
		8534	4539	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	68	16386	31148	14762
		8537	741	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404946	FOOTHILLS AREAM ENTAL HEALT	79	3401	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8505	2261	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	64	9762	11722	1960
		21	1388	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	4223	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8599	372	DETAIL NOT COVERED BY COMBINAT	1	5020	5922	902
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	289	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8505	9005	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	45	FURTHER PROCESSING NECESSARY,	10	9142	9628	486
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	29	DUPLICATE OF CLAIM-SYSTEM				